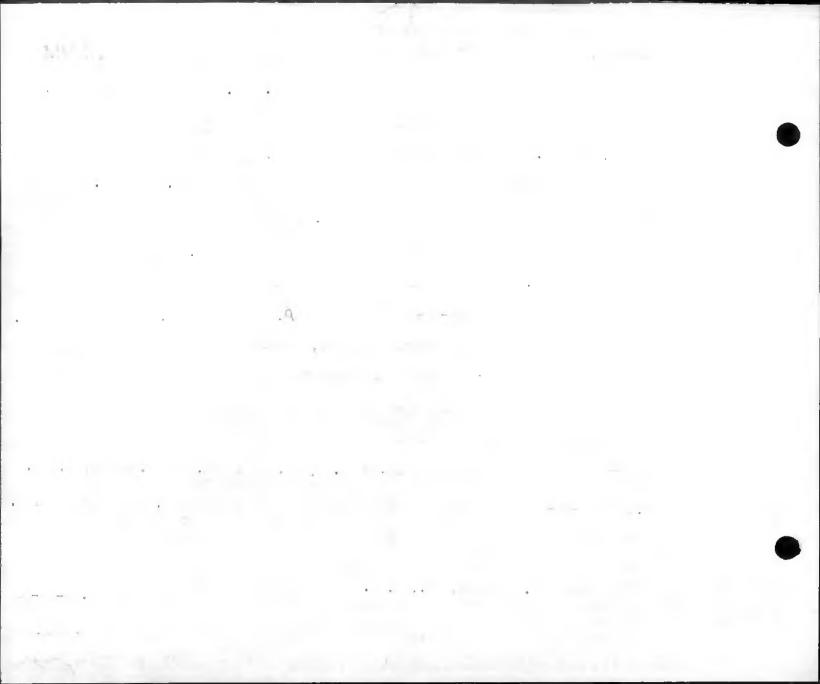
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY. 2, and 3 ta PM3. Page W. Va. d. Monongalia Garrett MARYLAND delay c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Morgantown Minutes Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Office alang with farm DOA) Garrett Co. Mamorial Hospital Rt. YES NO X e State 72 havr This certificate shauld be executed within 24 haurs after death. 3. NAME OF Middle Lost 4. DATE Month DECEASED 19 66 OF 26th. the Aug. David Barker William within (Type or print) DEATH with 1 IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Hours Dec. 16. White WIDOWED DIVORCED Male and 2 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY COUNTRY? Service Morgantown. W. Va. e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's USA Sec. of 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William P. Barker, Jr. Ruth Davis File IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give war or dates of service) ar remaval, 234-72-5813 William P. Barker, Jr. Morgantown INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Hemothorax, bilateral, massive Minutes s a burial-tra crematian, DUE TO Minutes Ruptured lung, bilateral Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse Minutes Fractured ribs burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Fractured left tibia and fibula 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Health ar its designated agent, prior 3 shaufd PRIMARY For CONTRIBUTING CAUSE OF DEATH. In auto accident U. S. Rt. 50 4 miw. of Mt. Storm, W. Va. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) House gm. 8-26-66 19 factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page of work of work Rural) Mt. Storm Grant W. Va. Highway 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection [3], Inquiry [30], ond in my opinion Notural couses , Accident , Suicide , Hamicide the funeral director. death resulted from: Undetermined monner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X EXAMINER/S James H. Feaster, Jr., M. D. Address (Street, city, town, or county Dakland, Md. 8-27-66 NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 50 REMOVAL (Specify) Lawnwood Cemeterv Morgantown 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Oakland, Maryland DATE SEP 2

VR A15ME (5)



411

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| 11411 | | | CERTIFIC | ATE OF DEATH | ł | | 11 | 1405 |
|---|--|-----------------------------|---|---|--------------------------------|----------------------------|-----------------------------|---|
| | Garrett | | MARYLAN | ND D. STATE | ICE (Where deceased Maryland | b. COUN | Garre | ett |
| | (If outside carporate limit and give negrest town) | ts, | c. LENGTH OF STAY IN 1 | b c. CITY OR TOWN | If outside corporate Mt. Lake | limits, write RUR | AL and give ned | rest town) |
| d. NAME OF HOSE | Garrett Cor | | give street address) morial Hospi | d. STREET ADDRESS | 105 East | Third . | Avenue | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | E | irst 78. | Middle Dalay | Beckman | 4. DATE OF DEATH | Month | | Day Year |
| S. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE DE BIRTH | 9.6 | GF (In years | IF UNDER 1 YEA | R IF UNDER 24 HR |
| Female | White | WIDOWED | DIVORCED [| Mar. 19, | 1891 7 | ast birthday) | Months Day | s Hours Min |
| during most of working House | ON (Give kind af wark dane ng life, even if retired) W 11 \oplus | IN | nd of Business or Dustry Own Home | Terra | ounty & State, or foreign | | 12 CITIZEN COUNTR USA | |
| 13. FATHER'S NAME | Am 4 Wassers | | | 14. MOTHER'S MAI | | da la man | | |
| 10 WAS DECEASED S | Am1 Forma VER IN U.S. ARMED FORCES? | | SOCIAL SECURITY NO. | IZ. INFORMANT | eret Fea | | | |
| (Yes, na, ar unknown | (If yes give war or dates | of service) | | Russell T. | Beckma | Addres | # 2 ab | oove |
| 18. CAUSE OF PART I. DE | DEATH (Enter only one contents was caused by: IMMEDIATE CAUSE DUE | (0) Card | (a), (b), and (c).) Lac decompen | sation | | 7.4 | | ONSET AND DEATH |
| | ny, which gove ate cause (o), derlying cause | | riesclerotic | cardiovascu | ilar dise | 989 | | Tears |
| PART II. OTHER | SIGNIFICANT CONDITIONS (| ONTRIBUTING 1 | O DEATH BUT NOT RELATED | TO THE TERMINAL DISEASE | CONDITION GIVEN I | N PART 1(a) | | 9. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTION | /AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER) | 205. DE | SCRIBE HOW INJURY OCCUI | RRED. (Enter noture of injur | y in Part I ar Port II | of item IB.) | | |
| Hour o | JURY Month, Day, Year J.m. 19 | 20d. IN While at wark | Nat While at wark | e. PLACE OF INJURY (Home, factory, street, affice bldg. | , etc.) | lity or town) | (County) | (State) |
| 21. I cer saw the | tify that (I) (this has deceased alive an_ | spital) attend 8-11-66 | led the deceased fro | m Jan. I that death accurred | , 14255 M, 1 | ram causes o | , 19, and an the d | that (I) (Me) la ate stated abo |
| 22o. SIGNATUR | Him H. | Je | enter of | M.D. ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | 22b. DATE SI 8-11- | SNED -66 |
| 22c. PHYSICIAN NAME CTYP | o) James K. | | r, Jr., M. D | | 2nd. St., | Oaklan | d, Mary | land |
| 23a. BURIAL, CREMAT REMOVAL (Speci Bur 1a | (y) 8/14/ | 1 | | lo. Mem. Ga | ardens | ION (City or Tow Oaklan | d Md | |
| Leald | M. Minn | ich | Oakland, | 25a. i | AUG 15 | | SISTRAR'S SIGNAT | URE |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the stranger director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon, papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any eyent, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

IO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death.

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throat I leaden dr. M. D. (100 D. Sad. St., Called, Dergland

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11412

CERTIFICATE OF DEATH

11406

| | 1. PLACE OF DEATH | | | | | | 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) | | | | | | | |
|---|------------------------------|---|---|-------------------------------------|-----------------------------|--|---|----------------|--------------------|--------------------------------|-------------------|-------------------|-----------------|--|
| - | | o. COUNTY Gai | rrett | o. STATE Maryland b. COUNTY Garrett | | | | | | | | | | |
| | k | b. CITY OR TOWN (| If outside corporate limit | 5, | C. LENGTH OF STAY | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | | |
| | | write RURAL one | d give negrest town) Kland | | 13 Days | Oakla | nd | | | 11.1 | | | | |
| - | (| d. NAME OF HOSPIT | AL OR INSTITUTION (If no | it in hospitol, g | ive street oddress) | | d. STREET ADDRESS | | | | 6 | ON A FA | ENCE PM2 | |
| 5 | | Garrett | County Mem | orial I | 130 North | 3rd. | Street | | | YES NO 🔀 | | | | |
| | | NAME OF DECEASED | Fil | rst | Lost | th | Doy Year | | | | | | | |
| | (Type or print) Foster David | | | | | | Bittle | OF DEATH | | | 7 19 66 | | | |
| | 5. 5 | SEX | 6. COLOR OR RACE | 7, MARRIED | NEVER MARRI | ED 🔲 | B. DATE OF BIRTH | | lost pirthdoy) | Months 1 | Doys | IF UNDER Hours | 24 HRS. Min. | |
| | | Male | White | WIDOWED | DIVORC | ED 🗌 | Dec. 12,189 | 4 | 71 yrs. | | 2017 | 110013 | 20116 | |
| 1 | 10o. | USUAL OCCUPATION | (Give kind of work done | 10b. KI | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (County | & Stote, or fo | reign country) | | IZEN OF JNTRY? | WHAT | | |
| | | Supervi | life, even if refired) | Edi | ucation | | Myersvil | le, M | aryland | T. | mer | ica | | |
| | | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN N | IAME | | | | | | |
| | | 1 | Floyd David | Bittle | 3 | | Clara J | ane W | iles | | | | | |
| | 15. | WAS DECEASED EVE | R IN U.S. ARMED FORCES? (If yes give wor or dotes of | 16. 5 | SOCIAL SECURITY NO. | 17. 1 | NFORMANT | | Ader | 30 No | rth | 3Rd. | St. | |
| | | Ves | WW I | 21 | 6-22-508 | 5 A | Goldie Bi | ser B | ittle, o | akland | 1. M | arvla | and | |
| | | 1B. CAUSE OF DI | EATH (Enter only one cou | se per line for | (o), (b), ond (c).) | | ^ | | | | INTE | RVAL BETY | VEEN | |
| | | PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH | | | | | | | | | | | | |
| | | T201 DUE TO | | | | | | | | | | | | |
| | | Conditions, if ony | | (b) CD | RONAR | 0 | ACLUSION | | | | | | | |
| 1 | | tatine the underlying couse | | | | | | | | | | | | |
| | | last. (1) ARTEMODILENOS | | | | | | | | | | | | |
| | 2 | PART II. OTHER SI | GNIFICANT CONDITIONS C | ONTRIBUTING T | O DEATH BUT NOT R | ELATED TO T | HE TERMINAL DISEASE CON | DITION GIVE | N IN PART 1(o) | (o) 19. WAS AUTOPSY PERFORMED? | | | | |
| 1 | ATIO | CONG | TITIVE | FAIL | URK | | | | | | | | NO 🔲 | |
| | MEDICAL CERTIFICATION | 20o. ACCIDENT WA | | 205. DE | SCRIBE HOW INJURY | OCCURRED. | Enter noture of injury in 1 | Part I ar Por | t II of item 18.) | | | | | |
| | 8 | | MEDICAL EXAMINER) | | | | | | | | | | | |
| | 3 | 20c. TIME OF INJU | URY Month, Day, Yeor | | IJURY OCCURRED | | E OF INJURY (Home, form | | (City or town) | (Cou | nty) | (5 | itote) | |
| | R | Hour a.m. p.m. While Not While of work of work | | | | | | | | | | | | |
| | - 1 | 21. I certi | fy that (I) (this has | pital) attend | ded the deceased | from | Tuly 2), , l death accurred of | 9 66, 1 | o August | 7, 196 | 56, th | at (I) (4 | ve) last | |
| | | | eceased alive an A | ugust | 7 19 66, | and that | death accurred of | 0520 V | A, from causes | and on th | ne date | stated | abave. | |
| | | 239-SIGNATURI | O A | _ | | | ATTENDING - | MED. | STAFF - | 220 | DE SIGNI | ED . | | |
| | 7 | J.V | wm or | 101 | | J.M | ******* | DIRECTOR | PHYS. L | 10 1 | 00 | 0 | | |
| | | 22c. PHYSICIAN'S NAME (Type | | Desember | and an one | | 22d. ADDRESS Oakland | Mon | bac far | | | | | |
| | | | Dr. Die 10 | Baumgar | | HETERY AR | | | | | | te. | | |
| | 230. | REMOVAL Specify | | | 23c. NAME OF CEA | | | | CATION (City or To | 1 | (County) | | ote) | |
| | 0.4 | REMOVAL Specify | | 66 5 | t. Paul | 's C | h. Cemeter | BY REGISTI | Myersy | LLLE | | Md . | | |
| | 24 | FUNERAL DIRECTO | n The | with | | 2.0 | | | 1966" | GISTRAR'S SI | ley | Judg | Page 1 | |
| V | > | Tecala . | 11. 9 WW. | uch | vakland | , Ma | rylandoate AU | Y | 134 | | 6 | 1 0 | | |

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use as the burial-tronsit permit. Then alease should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it

cion and completely filled in by the funeral leave remove corbon papers. Pages 7 and 2 and in any event, within 72 hours offer des. 7.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

11407

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11413 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| FOR | STATE | 1 |
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| HEALT | H DEP | Į. |

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the state Department of TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

| 3. NAME OF DECARED Harold Ray Broadwater Lost of Death Aug. 19th. 19th Or Year Month (Pipe or print) 5. SEX 6. COLOR ORLE 7. MARRIED NEVER MARRIED DIVORDED JUJOS 12 Julos birmbdory) Months Doys Hours Millower Living mays of yorking file, even if retired) 100. USUAL OCCUPATION (Give kind of work done during mays of yorking file, even if retired) 105. STAN 1. MARRIED NAME Clarence Broadwater 13. MASDEGASED PYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of survice) 15. WASDEGASED PYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of survice) 16. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Storing the underlying couse lost. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Storing the underlying couse lost. 19. WASDEGASED PYER IN U.S. ARMED FORCES? (c) Asphyxiation Dut To (conditions, if only, which gove nise to immediate couse (o), storing the underlying couse lost. 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). Storing the underlying couse lost. 10. EXEMPLAY CAUSED BYER IN U.S. ARMED FORCES? (c) Asphyxiation Dut To (c) Dutoning Dut To (conditions, if only, which gove nise to immediate couse (o). Storing the underlying couse lost. 10. CONDITIONS (CONTRIBUTING) DUE TO (c) DUTONING (c) DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PREFORMED? (c) DEATH (c) Drowning (c) Death But NOT Related to the terminal disease condition of impury in Port 1 or Port 1 of item 18.) 20. EXERNAL CAUSE WAS PRIMARY COURRED (c) The Terminal Disease Condition (c) Provided General Male of work of vivor of vi | | o. COUNTY Garrett | | MARYLAND | o. STATE Ohio b. COUNTY Stark | | | | | | |
|--|-------------|--|---|--|--|-----------------------------------|-------------------|---|--|--|--|
| 215 Arlington Ave. PROBLEM PRO | | b. CITY OR TOWN (If outside corporate li write RURAL and give nearest town) | mits, Oakland | | | | RURAL ond give ne | rorest town) | | | |
| Record R | | d. NAME OF HOSPITAL OR INSTITUTION (I | not in hospitol, | give street oddress) | | 5 Arlington | Ave. | e. IS RESIDENCE ON A FARM? YES NO | | | |
| Male | | DECEASED | | | | OF . | 19th. | . 19 66 | | | |
| IDD. ISUAL OCCUPATION (Give kind of work done dupling mays of boxishing like, even if retired) IDD. KIND OF BUSINESS OR INDUSTRY School IA. MOTHER'S MAIDEN NAME IDD. KIND OF BUSINESS OR INDUSTRY School IA. MOTHER'S MAIDEN NAME IDD. KIND OF BUSINESS OR INDUSTRY School IA. MOTHER'S MAIDEN NAME IDD. KIND OF BUSINESS OR INDUSTRY School IA. MOTHER'S MAIDEN NAME IDD. KIND OF BUSINESS OR INDUSTRY SCHOOL IA. MOTHER'S MAIDEN NAME IDD. KIND OF BUSINESS OR INDUSTRY SCHOOL IA. MOTHER'S MAIDEN NAME IA. MOTHER'S MAIDEN NAME IA. SCHOOL | | | | | | lest hirthday) | Months Do | | | | |
| Clarence Broadwater 15. WASDECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Hazel Broadwater, see # 2 above No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyziation DUE TO Conditions, if any, which gove itse to immediate cause (o). Stoting the underlying couse lost. On the Significant Conditions Contributing to Death But not related to the terminal disease condition given in Part II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING to DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTR | 100 S | o. USUAL OCCUPATION (Give kind of work do ring most of working life, even if retired) tuden t | ne 10b, Kl | IND OF BUSINESS OR | 11. BIRTHPLACE (Stote Canton, Oh | or foreign country) | 12. CITIZEN | | | | |
| IS. WAS DECEASED FYER IN U.S. ARRED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. DEATH WAS CAUSED BY. | 1.00 | | | | | | | | | | |
| Type No No No No No No No N | | | | SOCIAL SECURITY NO. 17 | | | Mracc | | | | |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: MINEDIALE CAUSE (a) Asphyxiation DUE 10 | (Ye | es, no, or unknown) (If yes give war or dot | es of service) | | | - | | | | | |
| 206. EXTERNAL CAUSE WAS PRIMARY BOT OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) Drowned while swimming in Deep Creek Lake 206. TIME OF INJURY Month, Doy, Year Hour o.m. 10 20. 8-19-66 19 20d. INJURY OCCURRED 20d. INJURY (Home, form, footory, street, office bidg., etc.) 21. I certify hold I taok charge of the remains described abave, held an Autopsy Inspection Inquiry Inquir | | PART I. DEATH WAS CAUSED BY: 1 MMEDIATE CAI Conditions, if ony, which gove rise to immediate couse (o). stating the underlying couse lost. | ISE (o) Asphy UE TO (b) Drovn UE TO (c) | ning | THE TERMINAL DISEASE CO | NDITION GIVEN IN PART 1(o) | Ma | inutes | | | |
| 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 10 20c. B-19-66 19 20d. INJURY OCCURRED O 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 10 20c. B-19-66 19 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apin death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner , ACTUAL SIGNATURE | RTIFICATION | 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING | | | | | | | | | |
| death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner . ACTUAL SIGNATURE | MEDICAL CE | 20c. TIME OF INJURY Month, Doy, Yeo Hour o.m. 8-19-66 | 20d. II While of worl | NJURY OCCURRED 0 20e. PL k Of While for the form of work I | ACE OF INJURY (Home, forr ctory, street, office bldg., etc. | n, 20f. (City or town) Rural. Oak | land Garr | cett Md. | | | |
| EXAMINER'S James H. Feaster, Jr., M. D. Address (Street, city, town, or county) Address (Street, city, town, or county) Cakland, Garr. Md. 230. BURIAL-CREMATION, BURIAL-C | | death resulted fram: Nat | | _ | cide , Homicide CHIEF MEDICAL | Undetermined EXAMINER | | 22. DATE SIGNED | | | |
| BUTIES Aug. 22nd., 19 Sunset Hills Memorial Gardens Canton. Ohio 24 FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE | | | Feaster, | | Address (Stree | | akland, G | | | | |
| ADDRESS 250. RECOSTRAR 250. REGISTRAR 250. REGISTRAR 3 SIGNATORE | 230 | BURIAL CREMATION, 23b. DATE REMOVAL (Specify) | THEREOF 2nd., 1 | 23c. NAME OF CEMETERY OF | R CREMATORY Memorial Ga | 23d. LOCATION (Gity or | Town) (Cou | 11 | | | |
| | 24 | Gerald D. Min | mich | ADDRESS | 100 ACC | A LLO | KEGIJIKAK 3 SIONA | ATURE | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11414 FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Garrett Florida MARYLAND Gadsden delay b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) THE STATE OF THE S and Rural (akland 10 hours. Havana d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE De farm ON A FARM? Swallow Falls State Forest Route #1. tem 18, Give Pages Box YES NO 24 haurs after death. alang with NAME OF Middle 4 DATE Month Year DECEASED OF DEATH the Bernard Edward Cannon August 13th. 19 66 (Type or print) SEX 9. AGE (In years JE UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Jost birthdoy) Nov. 27, 1948 Colored WIDOWED DIVORCED Male Office (event and 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Havana, Florida Corps any ecute the certificate, writing the ward "pending" in pencil in Page 4 shauld be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate shauld be executed within = Bertha Chambers Melvin Cannon 臣 Address (Mother) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service remayal Mrs. Melvin Cannon, Havana, Florida 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Asphyxiation D IMMEDIATE CAUSE (o) crematian, DUE TO Drowning Conditions, if any, which gave Minutes rise to immediate couse (a). DUE TO stating the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) its designated agent, priar should PRIMARY or CONTRIBUTING CAUSE OF DEATH. Slipped on a rock and fell into water. 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Not While state Park of work may be retained for your FUNERAL DIRECTOR: Page 3-13-66 19 Oakland (rural) Garr. Md. 21. I certify that I taak charge of the remains described above, held an Autopsy X. Inspection X Inquiry 🔀 and in my apinian the funeral directar. death resulted fram: Natural causes Accident 2 Suicide Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Health ar James H. Feaster, Jr., M. D. Address (Street, city, town, or count Oakland, Md. 8-13-66 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) 0 REMOVAL (Specify) 166 Tallahassee, Florida St. Marks Baptist Leighton-Durst Funeral Home, Oakland, Md. DATE VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH COUNTY b. COUNTY Page Garrett of MARYLAND delay partment c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (floutside corporate limits write RURAL and give nearest town) and P.M3 Cleveland Oakland Minutes e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (II not in hospital give street oddress) d STREET ADDRESS haurs Garrett Co. Memorial Hospital Bridge Are YES NOT Item 18. Give Pages State 24 haurs after death with Middle DATE 3 NAME OF Lost DECEASED OF Mitchell DEATH August Charles Cecil 29th. within (Type or print) Office alang with 1 FUNDER 1 YEAR | IF UNDER 24 HRS 8 DATE OF SIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARR ED Jost birthdov) Months Dovs Haurs DIVORCED WIDOWED Male White event gud 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT 11 8IRTHPLACE (State or foreign country) during most of working life, even if ret red) INDUSTRY COUNTRY? W. Va. Student School Chief Medical Examiner 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil This certificate should be executed within Charles Cecil Fave Sadler 16 SOCIAL SECURITY NO 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) [(If yes give wor or dates of service) ar remaval, 269-111-8888 Irs. Fave Sadler see INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y Asphyxiation Minutes IMMEDIATE CAUSE (o) writing the ward crematian, DUE TO Aspiration of stomach contents M nutes Conditions, if ony, which gove rise to immediate couse (a), be farwarded ta DUE TO stoting the underlying couse a used as burial, a 00 PART I, OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAUD SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Subdural hemorrhage secondary to contusion of brain YES X please execute the certificate, NO ₽ 96 20n. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 181) prior shauld PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH 4 shauld Driver of auto that wrecked on U. S. 219 agent, 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20r. TIME OF INJURY Month, Day, Year (C tv or town) (County) (State) foctory, street, office blog, etc.)
Highway Nat While While at work of work may be retained far yaur FUNERAL DIRECTOR: Page Rural, Oakland Garrett Md. its designated 21 I certify that I taak charge of the remains described above, held an Autopsy x. Inspection 30 Inquiry 🕝 and in my apinion Undetermined manner the funeral director. death (resulted from. Natural causes . Accident Bd. Suicide . Homicide | CHIEF MEDICAL EXAMINER

23c. NAME OF CEMETERY OR CREMATORY

West Park Cemterv

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EXAMINER'S

NAME (Type)

230. BURIAL CREMATION.

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REMOVAL (Specify)

250 RECD BY REGISTRAR 24 'YUNERAL DIRECTOR Oa'rland, [arvland DATE 6M 1/66

James H. Feaster, Jr., M. D.

236. DATE THEREOF

Address (Street, city, town, or county) Oakland, Md. (County) (Stote)

8-30-66

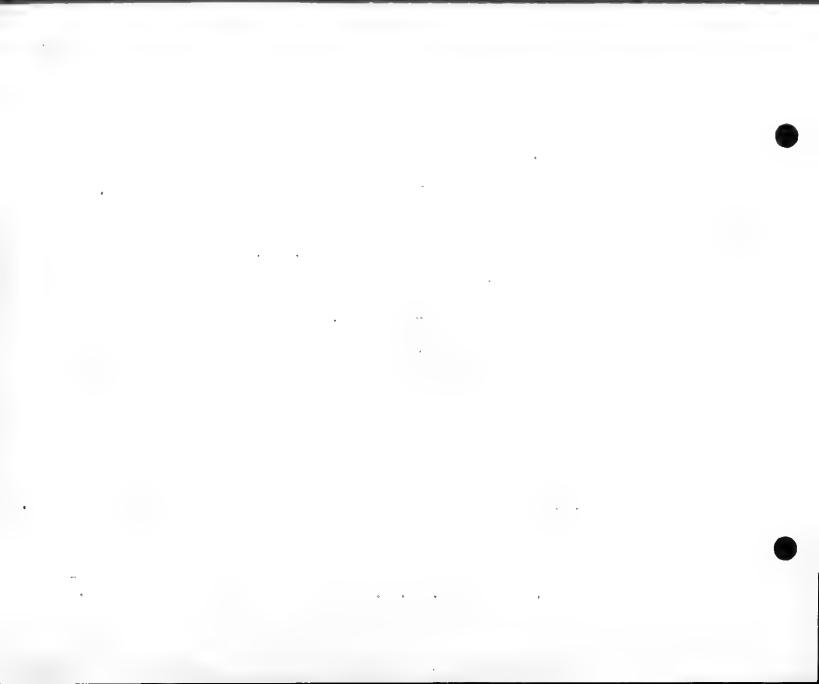
22. DATE SIGNED

Cleveland Ohio 25b REGISTRAR'S SIGNATURE 1966

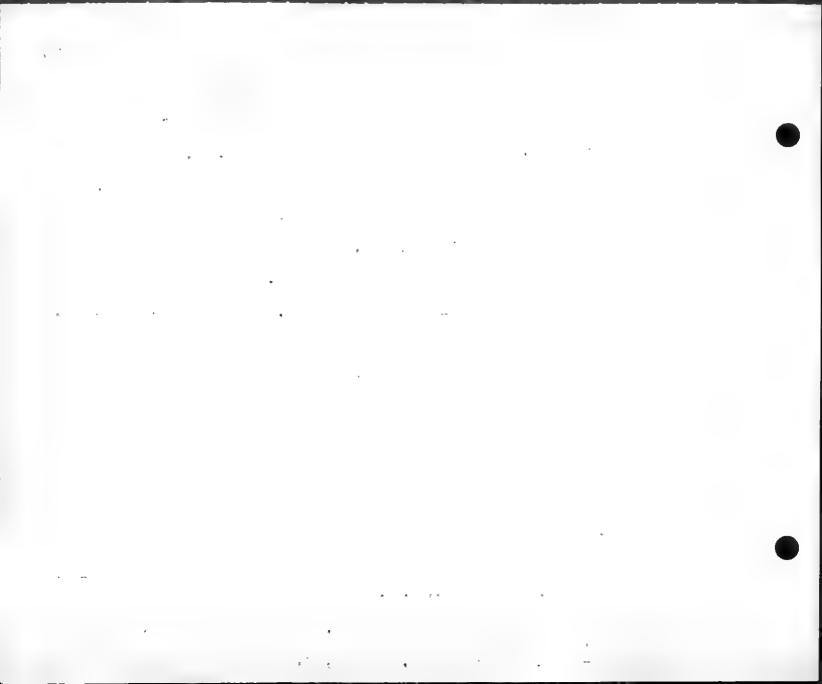
ASSISTANT MEDICAL EXAMINER

23d LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER



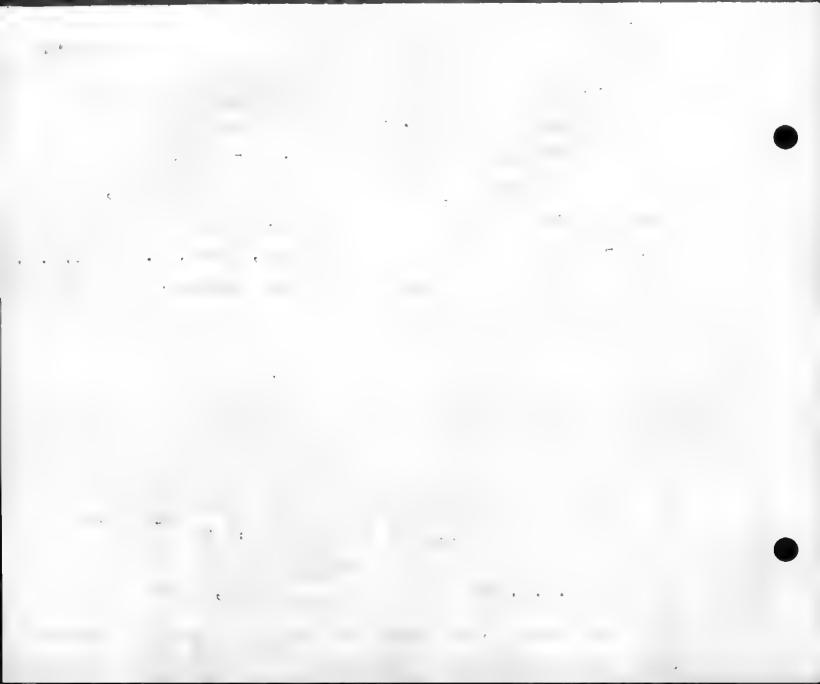
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11413 FOR STATE HEALTH DERT. 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH b COUNTERederick o COUNTY Garrett Maryland Page 0 MARYLAND c (ITY OR TOWN (f outside carparote limits, write RURA, and give nearest town) c. LENGTH OF STAY IN 1b b CITY OR TOWN (If outside corporate limits, and PM3 write RURAL and give neorest town) (Rural) Fredrick 30 minutes Oak land d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE with farm haurs ON A FARM? Garrett Co. Memorial Hospital Box 10, Rt. 4 YES NO 24 State haurs after death 3 NAME OF Middle Lost 4 DATE Manth Beverly Elaine DeMoss 21st. August 19 66 DEATH Type or print) F UNDER I YEAR IF UNDER 24 HRS AGE (In years SEX 6 COLOR OR RACE 7 MARRIED TO NEVER MARRIED B DATE OF BIRTH day birthdoy) in Hem 18. White June 28.1930 Female DIVORCED WIDOWED 9 gud 11 B-RTHP_ACE (State or foreign country) 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1Do SUAL OCCUPATION (Give kind of work done Talloring Co. COUNTRY? during most of working life even if refired) TISA Pennsylvania any 4 shauld be farwarded to the Chief Medical Examiner's pages in any 4 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate shauld be executed within pencil Milton J. McElhany Mae E. and Address HUS Dand 17 INFORMANT IS WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no or unknown) (I yes give war ar dotes of service) Donald A. DeMoss, Frederick, Md. 217-28-7375 ar remava INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 2 ONSEL AND DEATH PART I DEATH WAS CAUSED BY Acute pulmonary edema MMEDIATE CAUSE (o). writing the ward crematian, DHE TO Bronchial asthma, acute 2 hours Cand tions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying cause burial, o 19 WAS ALTOPSY PART I OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) FICATION PERFORMED? please execute the certificate, NO K pe 0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 1B.) agent, priar shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 2Dd INTHRY OCCURRED 2De PLACE OF INJURY (Hame, form, (City ar fown) (County) (State) 2Dc TIME OF INJURY Month, Doy, Year Hour a.m. factory, street, office bldg, etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page of work ot work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion death resulted from Notural causes 🔼 Accident 🗍 Suicide 🗍 Hamicide Undetermined manner the funeral directar CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER 8-21-66 5 may be TO FUNERAL Health ar DEPUTY MEDICAL EXAMINER 3 James H. Feaster, Jr., M. D. Address (Street, city, town, or county Oakland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) 23b DATE THEREOF (Stote) 23e BURIAL CREMAT ON REMOVAL (Specify) MtOlivet Cem. Frederick. Maryland 2So REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24 FUNCSALDOTRECTOR Mayles VR A15ME (5) DATE AUG 23 1966 Leighton-Durst Funeral Home Cakland Md



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11417 CERTIFICATE OF DEATH filled in by the funeral 2 pages 1 and 2 thin 72 hours after death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH. o. COUNTY o. STATE MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate imits. write RURAL and give regrest town ANTSUILLE e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS filled YES NO TO completely fill 3 NAME OF Middle First Lost 4 DATE Month Dov Year OF DECEASED (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7 MARRIED remove last berthdoy) Months Dovs Hours WIDOWED ond in any DIVORCED ond 11. BIRTHPLACE (County & State, or foreign country) 10n USUAL OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR 12 CIT ZEN OF WHAT physician o Ien pleose COUNTRY? during most of working life, even if retired) IND.ISTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removal, OBESON ottending p permit. The WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMAÑI permit. (Yes. no. or unknown). If If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART 1 DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the buriol-transit p IMMEDIATE CAUSE O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be detached for use as the State Dept. of Health prior to has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CATION NO TO FUNERAL DIRECTOR: After this certificate 20o ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) While 1964, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. director, page 3 should should be filed with the 19 66, and that death occurred at 8 PM, from causes and on the date stated above. saw the deceased alive an 22o, SIGNATURE 22b. DATE SIGNED PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Van NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d-LOCATION (City or Town) (County) (State) 230. REMOVAL (Specify) **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE *EUNERAL DIRECTOR* VR A15 (4) 20 M 1/661 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY **b** COUNTY MARYLAND Garrett Maryland Garrett
c CITY OR TOWN (if ourside corporate limits, write RURAL and give nearest town) Poges b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 papers. Pog Pyn 72 hogrs a write RURAL and give nearest town) 2 mos -6 days Oakland Oakland d NAME OF HOSPITAL OR NST TUTION (If not in hospito, give street oddress) .⊑ d STREET ADDRESS e IS RESIDENCE ON A FARM? filled Garrett County Memorial Hospital Rt. # 2 - Box 261. YES NO NAME OF Middle remove carbon n any event, with Lost 4 DATE Month completely DECEASED Homer Leslie (Type or pont) Gnegv DEATH August 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdov) Dovs Hours and in any WIDOWED DIVORCED Male White January 28. 10o, USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CIT.ZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician Oakland, Garrett, Md 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removol, attending phys nermit. Then p David Clara Emma Hauser IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per ling set (b), (b), and (c)) signed by the burial-tronsit p PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse Let a the State Dept. of Health prior to hos been PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES NO this certificote 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg , etc.) Hour o.m. Not While ot work O FUNERAL DIRECTOR: After of work FARCH 22 19 60 to AUGUST10, 1966, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 should should be filed with the saw the deceased alive on AUGUST 10. 19 66, and that death accurred at 2:15 Million causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Dr. A. E. Mance Oakland, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Red House Cemetery REC'D, BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Job



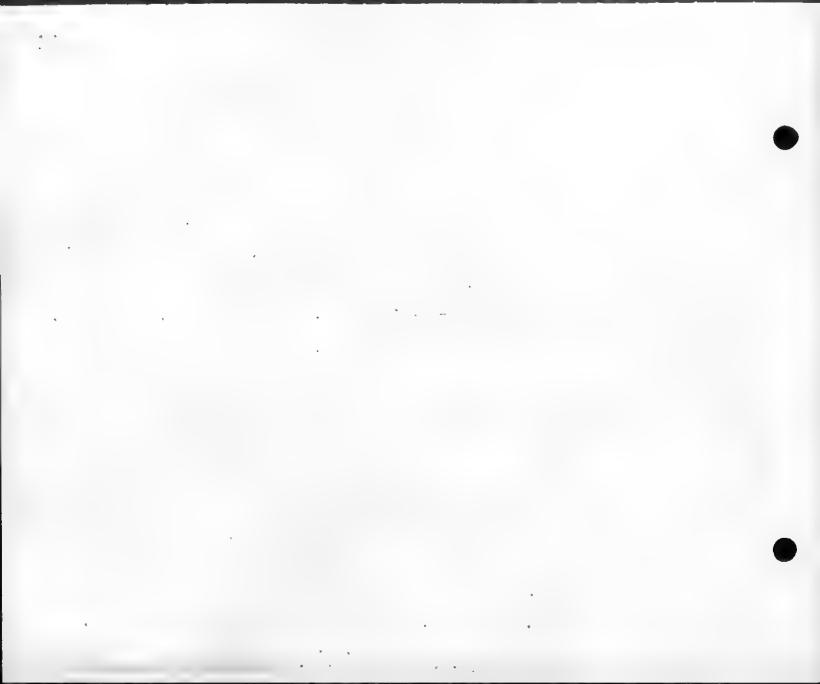
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| Ë | in ges affe | | Cakland J. NAME OF HOSPITAL OR INSTITU | JTION (if not in | 20 yrs. hospital, give street address) | | d. STREET ADDRES | | | | | SIDENCE |
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| petn | letel 22 % c. 2 | 3. | NAME OF DECEASED | First | Middle | | Lasi | 4. DATE | | Day | Year | |
| Xec | 唐 先 () | | (Type or print) Ruth | | Eleanor | | onder | DEAT | H August | 20 | | 66 |
| 99 | Pag | 1. | | | RRIED THEYER MARRIED | | ATE OF BIRTH | 1915 | 9. AGE (In years last birthday) | Months Days | Hours | Min. |
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| e E | AG CO | 13. | FATHER'S NAME | | OHII IIOMO | 14. | MOTHER'S MAIDE | | 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 1 0.55 | | |
| dear | ples ples | | Harry Schoe | | | | | rie Wh | nalen | | | |
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| Sicial | of F | | PART I. DEATH WAS CAUSE IMMEDIATE CA | D BY. | Acuta | My | seardia | l ha | Sant | | ISET AND E | |
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| 4.0 | State | | saw the deceased alive on | 7/ | | rnar dea | 1 | /- WI, Tro | | no on me da | | DATE . |
| | the state | | Bulet 1 | 1. Te | ighton | M.D | ATTENDING PHYS. | MED. DIRECTOR | PHYS. | | 23 /4 | SIGNED 6 |
| IIA | With With | | 22cf PHYSICIAN'S NAME (Type) Herber | ימן בו | ighton, M.D. | | Oak at Fi | f+h | Oakland | MA (| 21550 | 7 |
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hin 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. funeral 1 and 2 er death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY **b.** COUNTY Maryland Garrett Garrett MARYLAND attending physician and templetely filled in by the fur vermit. Then pleaset at any earban papers. Pages 1 an, ar remaval, and in any event, within 72 haurs after c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 36 Days Vindex Oakland d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Garrett County Memorial Hospital YES [NO DC Middle 3 NAME OF Last 4 DATE Month Day Year DECEASED OF DEATH 26 66 Ellsworth August Harvey 19 (Type or print) Neshac IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED hy thday) DIVORCED TO 2/7/85 WIDOWED Male White 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Coal Mines during reast of working the even it retired COUNTRY? Vindex, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, Tasker Ruth Harvey Michael IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 218-10-8993 Mrs. Lyle Sharpless, Vindex, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be refained by the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause be detached far use as the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO certificate 20g, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) IO FUNERAL DIRECTOR: After this Hour o.m. Not While factory, street, office bldg., etc.) at wark at work 2019 60 that (I) (we) last 19 60 to 2). I certify that (I) (this haspital) attended the deceased fram July August director, page 3 shauld should be filed with the sow the deceased alive on August 26 106, and that death occurred at 3:55 My fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Oakland, Maryland 21550 Dr. H. Leighton 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

2.D. Swanton, 23o. BURIAL CREMATION. 23b DATE THEREOF Md . (State) Aug. 28/66 Zion Cemetery FREMOVAL EPTOTY) 24-FUNERAL DIRECTOR 2Sq. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE AUG 1966 DATE



MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

11415

| 11421 MEDICAL EXAM | INER 5 CERTIFICATE | OF DEATH | / | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| PLACE OF DEATH | | | tion Residence before admission) | | | | | | | |
| Garrett M | ARYLAND Q. STATE | Va. | NTY arion | | | | | | | |
| b. CITY OR TOWN (If outside carporate imits, C. LENGTH OF ST) | | c C.TY OR TOWN (f autside corporate limits, write RURAL and give negrest town) | | | | | | | | |
| write RURAL and give nearest town) | Po 4 | rmont | | | | | | | | |
| Oakland Minutes d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d STREET ADDRESS | C IROLLE | e IS RESIDENCE | | | | | | | |
| DOA) Garrett Co. Memorial Hospital | | | ON A FARM? | | | | | | | |
| NAME OF Fust Middle | t tage | I 4 DATE Mon: | | | | | | | | |
| DECEASED | Hawkins | OF . | | | | | | | | |
| (Type or print) Tracy SEX 6 COLOR OR RACE 7 MARRIED NEVER MAR. | | 9 AGE (In years | 26th 19 66 | | | | | | | |
| The state of the s | <u> </u> | last birthday) | Months Days Haurs Min. | | | | | | | |
| Male White W DOWED DIVOR | U | 1945 20 VIS | 12. CITIZEN OF WHAT | | | | | | | |
| uring most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (Stat | e ar rareign cauntry) | COUNTRY? | | | | | | | |
| Serviceman US Navy | Fairnon | V. Va. | USA | | | | | | | |
| 3. FATHER S NAME | 14 MOTHER'S MAIDEN | | | | | | | | | |
| Issac Hawkins | | en Nallon | | | | | | | | |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Yes, na, ar unknawn) (If yes give war ar dates af service) | | Addr | | | | | | | | |
| yes 233-70-55 | 69 Kathleen | lawkins see | #2 above | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | - | INTERVAL BETWEEN | | | | | | | |
| PART I. DEATH WAS CAUSED BY HMMEDIATE CAUSE (a) Hemothorax | bilateral, mass | rive | ONSET AND DEATH | | | | | | | |
| 5 7 DUE TO | | | | | | | | | | |
| Conditions, if any, which gove) (b) Ruptured 1: | ings | | Minutes | | | | | | | |
| rise to immediate cause (a), stating the underlying cause DUE TO | | | | | | | | | | |
| last (c) Fractured | ribs. | | Minutes | | | | | | | |
| PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT | RELATED TO THE TERM NAL DISEASE CO | INDITION GIVEN IN PART 1(0) | 19 WAS AUTOPSY PERFORMED? | | | | | | | |
| Fractured pelvis. Ruptured sple | en | | YES K NO | | | | | | | |
| 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW N.UR | OCCURRED (Enter nature of injury in | Part I or Part II af Item 18) | | | | | | | | |
| PRIMARY Gor CONTRIBUTING Driver of at | to that wrecked | U. S. Rt., 50 l | mi. W. Mt. Storm | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Yeor 20d NJURY OCCURRED While Not While | 20e P.ACE OF INJURY (Home, far | | (Caunty) (State) | | | | | | | |
| Haus your While Not While | ZUE FLACE OF INJUNE (HOTHE, TO | | | | | | | | | |
| 0.7 5 0.7 6 19 | 1 | () | | | | | | | | |
| 9:15 pm 8=26=66 17 at wark L. at wark ≥ | factory, street, aff ce bldg , etc Нісhыах | Rural Mt. | Storm Grant W. Va | | | | | | | |
| 21. I certify that I took charge of the remains described | foctory, street, off ce bldg, etc Highway above, held an Autapsy X. | Rural Mt. | Storm Grant W.Va | | | | | | | |
| 9:15 pm 8=26=66 17 at wark L. at wark ≥ | factory, street, aff ce bldg , etc Highway above, held an Autapsy Suicide, Hamicide | Rural Mt. Inspection k, Inque, Undetermined m | Storm Grant W.Va | | | | | | | |
| 21. I certify that I took charge of the remains described death resulted fram: Natural causes, Accident } | above, held an Autapsy X. Suicide, Harnicide CHIEF MEDICA | Rural Mt. Inspection x, Inque Undetermined m | Storm Grant W.Va | | | | | | | |
| 21. I certify that I took charge of the remains described death resulted fram. Natural causes , Accident ACTUAL SIGNATURE. | above, held an Autapsy X. Suicide , Hamicide CHIEF MEDICA M.D ASSISTANT ME | Rural Mt. Inspection , Inque , Undetermined m LEXAMINER DICAL EXAMINER | Storm Grant W.Va | | | | | | | |
| 21. I certify that I took charge of the remains described death resulted fram: Natural causes , Accident & ACTUAL SIGNATURE | above, held an Autapsy S. Suicide , Hamicid CHIEF MEDICA M.D ASSISTANT MEDICA DEPUTY MEDICA | Rural Mt. Inspection , Inque , Inque , Undetermined m LEXAMINER DICAL EXAMINER CALEXAMINER CA | Storm Grant W. Ve uiry X, and in my apinion anner | | | | | | | |
| 21. I certify that I took charge of the remains described death resulted fram. Natural causes , Accident ACTUAL SIGNATURE CAME (1/pe) James H. Feaster, Jr., M. I | above, held an Autapsy X. Suicide , Hamicid CHIEF MEDICA M.D ASSISTANT ME DEPUTY MEDICA Address (Street | Rural Mt. Inspection , Inque | Storm Grant W.Va Diry X, and in my apinion anner 22. DATE SIGNER and, Md. 8-27-66 | | | | | | | |
| 21. I certify that I took charge of the remains described death resulted fram: Natural causes , Accident ACTUAL SIGNATURE | above, held an Autapsy X, Suicide , Hamicid M.D ASSISTANT ME DEPUTY MEDIC Address (Street | Rural Mt. Inspection , Inquestion , Inquestion , Undetermined management , Undetermined management , Undetermined management , Color | Storm Grant W. Va uiry X, and in my apinic anner 22. DATE SIGNER and, Md. 8-27-66 wn) (Caunty) (State) | | | | | | | |
| 21. I certify that I took charge of the remains described death resulted fram. Natural causes , Accident ACTUAL SIGNATURE CAME (1/pe) James H. Feaster, Jr., M. I | dictory, street, affice bldg, etc Highway above, held an Autapsy X, Suicide , Hamicid CHIEF MEDICA M.D ASSISTANT ME DEPUTY MEDICA Address (Street METERY OR CREMATORY A Depart of the company M.D. Action of the company | Rural Mt. Inspection [], Inquestion [], Inquestion [] E | Storm Grant W.Va Diry X, and in my apinion anner 22. DATE SIGNER and, Md. 8-27-66 | | | | | | | |

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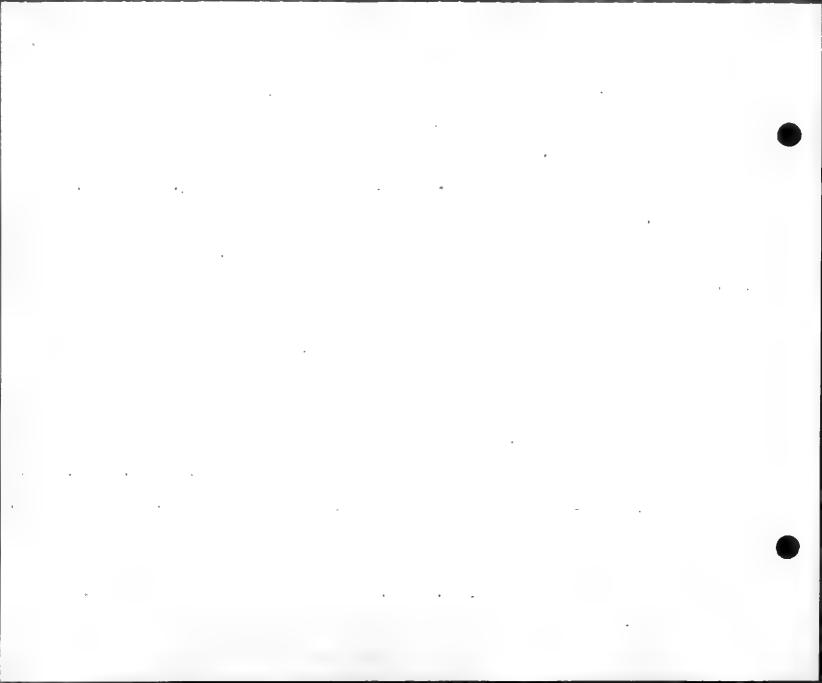
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VR A15ME (5) 6M 1/66

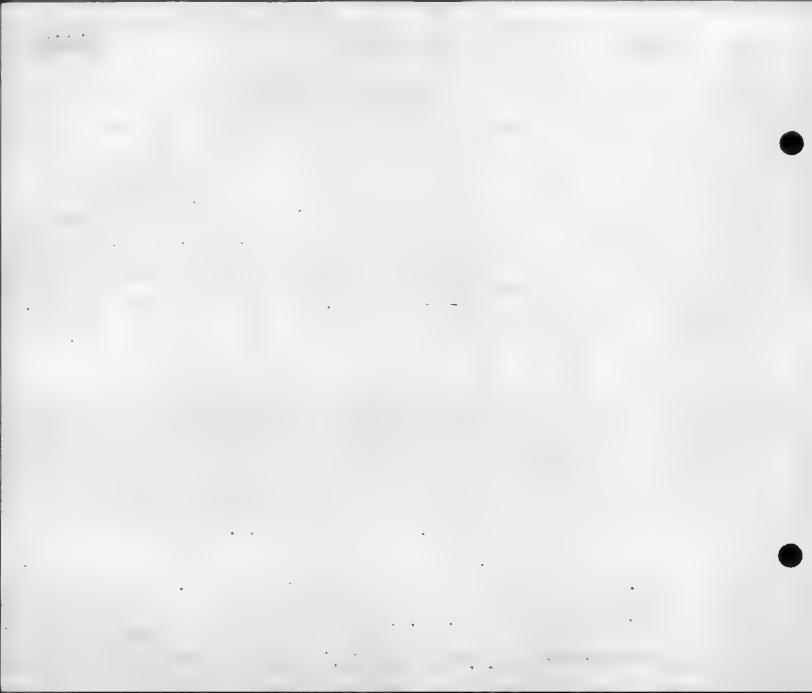
5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit Health ar its designated agent, priar ta burial, crematian, ar remaval

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed with n 24 hours after death If



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a. COUNTY b. COUNTY Garrett Maryland Garrett signed by the ottending provided and completely filled in by the fur buriol-transit permit. Then please remove carbon papers. Pages I burial, cremation, or removal, and in ony event, within 72 hours after MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town) Oakland - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Route #1. Box # Garrett County Memorial Hospital YES NO XX 3 NAME OF Middle DECEASED (Type or print) Guy Hinebaugh August 19 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Doys Hours White WIDOWED DIVORCED mle 10o. USJAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired)
Ret. Resturant Owner Restaurant **COUNTRY?** Oakland, Garrett, Md. U.S.A. 13 FATHER'S NAME Molly Martin William Glotfelty Hinebaugh 17. INFORMANT IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no or unknown) (If yes give, words dates of service) Guy Hinebaugh Oakland, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUF TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate YES 🗔 NO 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injuly in Port I or Port II of item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) of work , 19 49, to Aug . 19 Ohthat (1) (we) last director, page 3 should shauld be filed with the saw the deceased dive an Aug. 3. 19.66, and that death accurred at 2:55M Afriam causes and an the date stated above. 226 SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

NAME (Type)

230 BURIAL, CREMATION

BREMOVAL (SPECITY)

be executed within 24 hours after death.

ATTENDING PHYSICIAN: The low requires that the deoth certificate

Garr. C. Mem. Gardens Oakland . Maryland 0. Durst REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 1966 Leighton-Durst Funeral Home . Oakland.Md

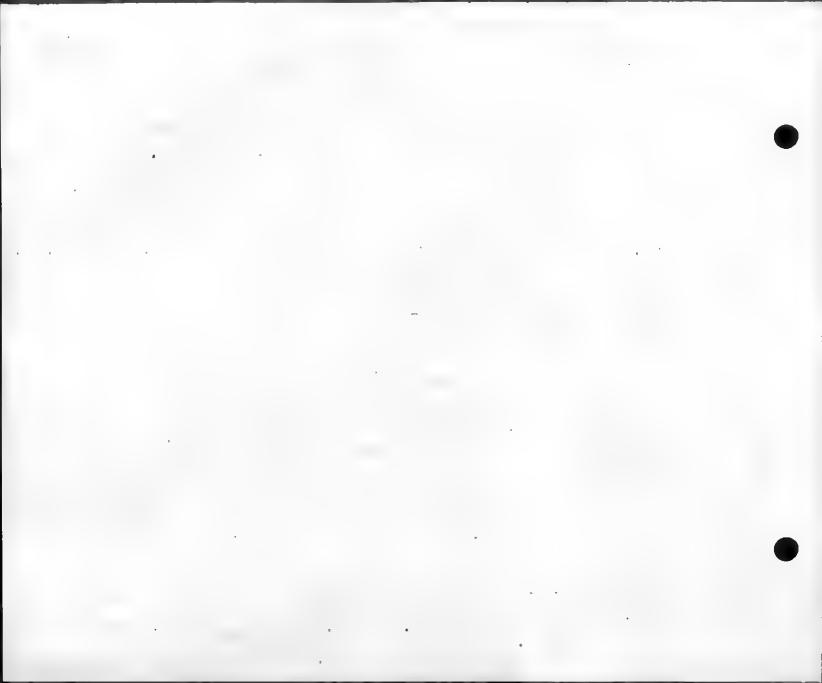
23c. NAME OF CEMETERY OR CREMATORY

Oakland, waryland

23d LOCATION (City or Town)

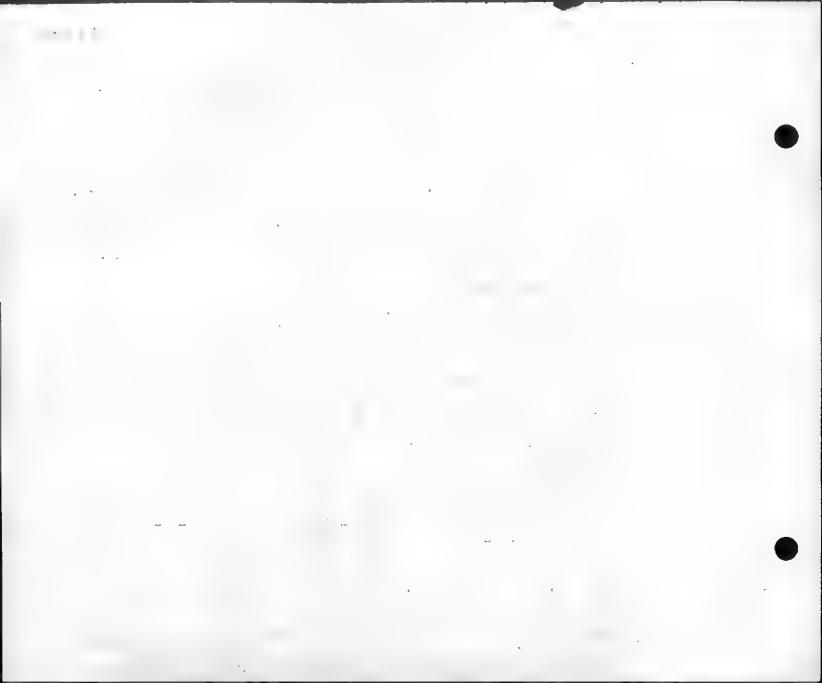
Baumgartner

23b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1

| | 23 | 1 | A.c. | 1424 | | | CERTIF | ICATE | OF DEATH | , | , | 114 | 18 |
|---|--|----|---------------|---|---|-----------------------------------|-----------------------------|----------------------|---|---------------------------------------|---------------------------------|--|---------------------------------------|
| r death | Jand deg | | | PLACE OF DEATH 2. COUNTY | GARRE | TrT | MARY | LAND | 2. USUAL RESIDENCE (a. STATE MAR | Where deceased liv | ed, if institution b. COUNTY | Residence before o | |
| urs afte | n by the fur s. Pages 1 hours after | | | CITY OR TOWN of write RURAL on OA KI | If outside corporate limits d give nearest town) | , | c LENGTH OF STAY II | | CCITY OR TOWN (IF o | utside corporate lim | nits, write RURAL | | |
| 24 hot | ed in b opers. n 72 ho | 15 | | | OUNTY MEMOR | , , | ive street oddress) | - | d. STREET ADDRESS | | | | IS RESIDENCE ON A FARM? S NO NO |
| within | itely filled i Irbon poper t, within 72 | | 3. | NAME OF DECEASED Type or print) | JOHN | | Middle F* | н | Lest TPP | 4 DATE OF DEATH | Manth AUGUST | Day 25 | Year 1966 |
| requires that the death certificote be executed within 24 hours after death 3 physician. | the ottending physicion and completely filled in sit permit. Theoretease remove carbon papers. nation, or remakel on in any event, within 72 h | | 5 | | 6 COLOR OR RACE WHITE | 7 MARRIED WIDOWED | NEVER MARRIED DIVORCED | | B DATE OF BIRTH | 9 AGE | (In years | F UNDER I YEAR TH | UNDER 24 HRS. Hours Min |
| e pe e | ion ond co | | | USUAL OCCUPATIO | (Give kind of work done life, even if retired) | | ND OF BUSINESS OR DUSTRY | | II BIRTHPLACE (County | | | 12. CITIZEN OF W COUNTRY? | HAT |
| ertifico | physic heny te | | 13. | FATHER'S NAME | JOHN FRAN | | | | 14. MOTHER'S MAIDEN | NAME DA BOSLE | Y | *************************************** | |
| death (| frending ph rmit. Then n, or remark | | IS (Y∈ | WAS DECEASED EVI s, na, ar unknawn) | R IN U.S. ARMED FORCES? (If yes give war or dates a | service) | SOCIAL SECURITY NO | . , , , | NFORMANT OWARD HIPP | TriT | Address Start | wia | |
| nat the | by the oftenc transit permit cremation, or | / | | PART I. DEA | EATH (Enter only one cour TH WAS CAUSED BY: IMMEDIATE CAUSE | | | | | | | INTER ONSET | ANO DEATH |
| uires † hysiciar | signed by the burial-transit buriol, cremat | V | | 492) Conditions, if any rise to immediate | DUE, which gave 1 | TO | umonitis | | | | | 1 we | ek |
| low req | as been si os the bu prior to bu | | | stating the under | rlying cause | (c) | | | | | | | |
| 4: The or otter | e he | | CERTIFICATION | Arter | ignificant conditions co iosclerosis | gene: | ralized | | | | | 19. W. PE YES | AS AUTOPSY RFORMED? NO 1 |
| PHYSICIAN e hospital | | | | (IF EITHER, NOTIFY | CAUSE OF DEATH MEDICAL EXAMINER) | | | | (Enter nature of injury in | | , | | |
| | After this certill be detached Stote Dept. o | | MEDICAL | Haur a. p. | m. 19 | While at wark | Not While at wark | facto | CE OF INJURY (Home, farm ary, street, office bldg., etc. |) | ar town) | (County) | (State) |
| led EN | ж를를 | | | | fy that (I) (this hos eceosed alive ano | oital) attend 25-66 | led the deceased | from 8 . Ind that | death occurred at | 19to <u>{</u> 7:35 <u>P</u> M, fro | m couses an | _, 19, that d an the date : 22b. DATE SIGNED | (i) (we) last stoted abave |
| 8 8 | DIRE ge 3 led w | | | 22c PHYSICIAN'S | - It - te | | p. 4.0 | M.D | ATTENOING PHYS. 22d ADDRESS | MED. DIRECTOR | STAFF PHYS. | ZZD. DATE SIGNED | |
| O HOSPITAL Page 4 may | o FUNERAL DIR director, page should be filed | ٠ | 230 | NAME (Type | DR. JAMES | | TER, JR. | TERY OR (| (| DAKLAND, | MARYLAN N (City or Town) | | (State) |
| TO HO | dire. | R | 18 | REMOVAL (Specify FUNERAL DIRECTO | 8-28 | | 77-thkox ADDRESS | H | 25a. REC'I | E/K C D BY REGISTRAR | Garden L25b. REGIST | IRAR'S SIGNATURE | · |
| | /R A15 (4) | 20 | | DE 4 | 7/12. | # 1 | 3 -10 . | 115 | | | 966 / | marces) | my- |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120] MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH/DERT 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH o. COUNTY b COUNTY 3 to Poge Garrett af MARYLANO iontcomerv delay Deportment b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) 2, o... ēľ Christiansburg Minutes Oakland d STREET ADORESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? Office along with form (DOA) Garrett Co. Memorial Hospital St. King NO ST YES 8 Give Pages ote 24 hours after death Middle DATE NAME OF First Lost Month Doy Year OECEASED 0F Linwood Edward 15th. James August 66 Type or print) DEATH FUNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIEO F lost birthday) +6 19rs Hours Months Dov5 White Malle Sept. WIDOWED DIVORCED 26. Item] event \mathbb{C}^{\vee} gup 12 C TIZEN OF WHAT 10a US_AL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) COUNTRY? during most of working life, even if retired) Student School Montgomery Co. any 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME This certificate should be executed within .⊆ Charles Pauline Johnson James E and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (I fiyes give wor or dates of service removal, ir. Jharles L. James no above INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. OEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (6) Shock Minutes cremation, DUE TO Conditions, if ony, which gove (b) Hemorrhage Minutes rse to immediate couse (a), forwarded to DUE TO 0 stoting the underlying couse Ruptured liver Minutes 50 burial, nsed PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Fractured ribs. right pleose execute the certificote, P pe 20g EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Port II of Item 18.) prior CERT PRIMAR TO CONTRIBUTING 4 should CAUSE OF DEATH Auto accident on Turkey Neck Road ogent, 20e PLACE OF INJURY (Home, form, (City of town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 9:15 Hour o.m. foctory, street, office bldg., etc.) While While ot work Not While (Rural) Deer Park Garr. ot work its designated Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy [45], Inspection 🔼 and in my apinian the funeral director. Accident . Suicide death resulted from Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-15-66 O DEPUTY OFPUTY MEDICAL EXAMINER 4 5 Feaster, Jr., James Address (Street, city, town, or county) Oakland, Maryland moy 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) **DATE THEREOF** BURIAL, CREMATION 0 REMOVAL (Specify) Burial oselawn Kemory Gardens Blacksburg 256 REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR

Carland

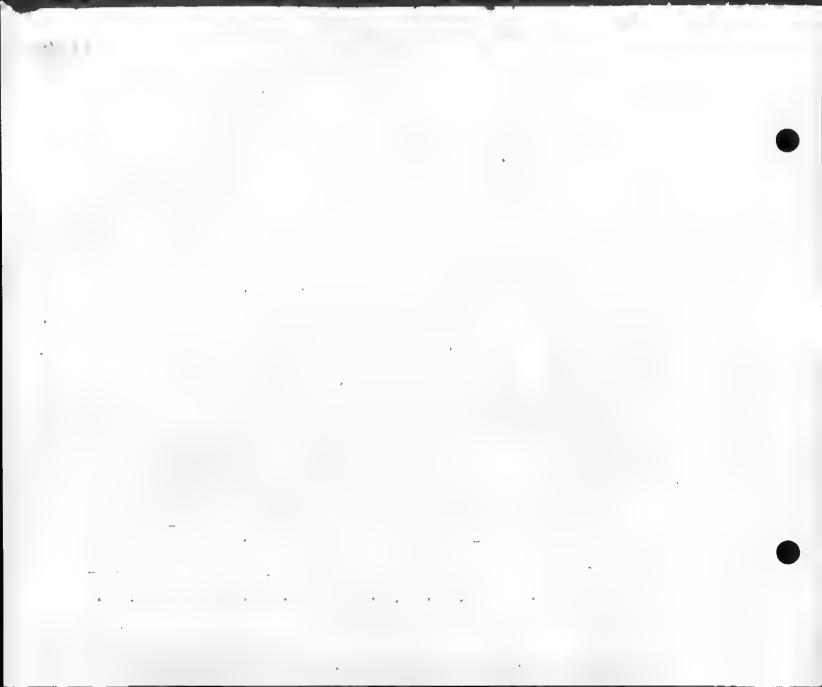
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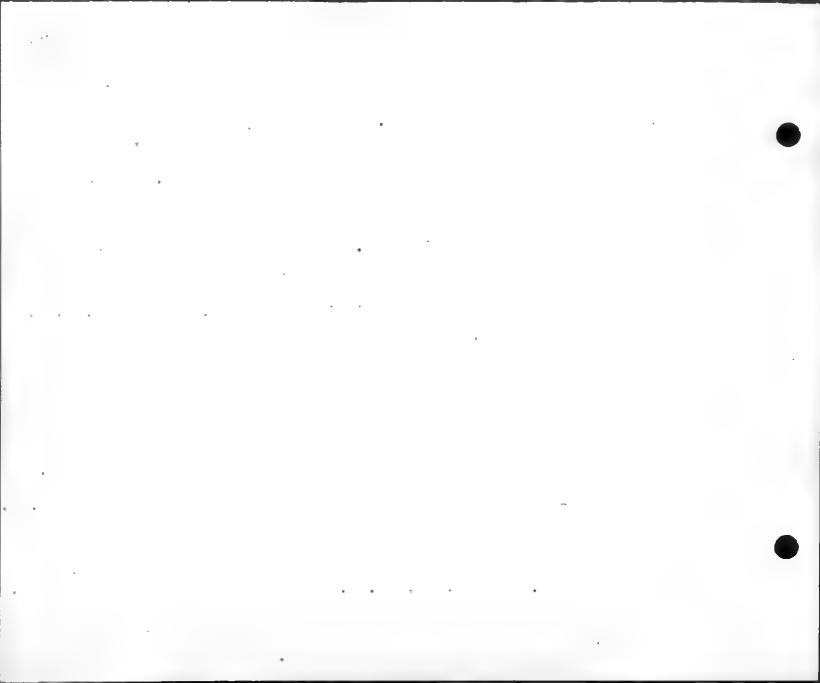


Oak land.

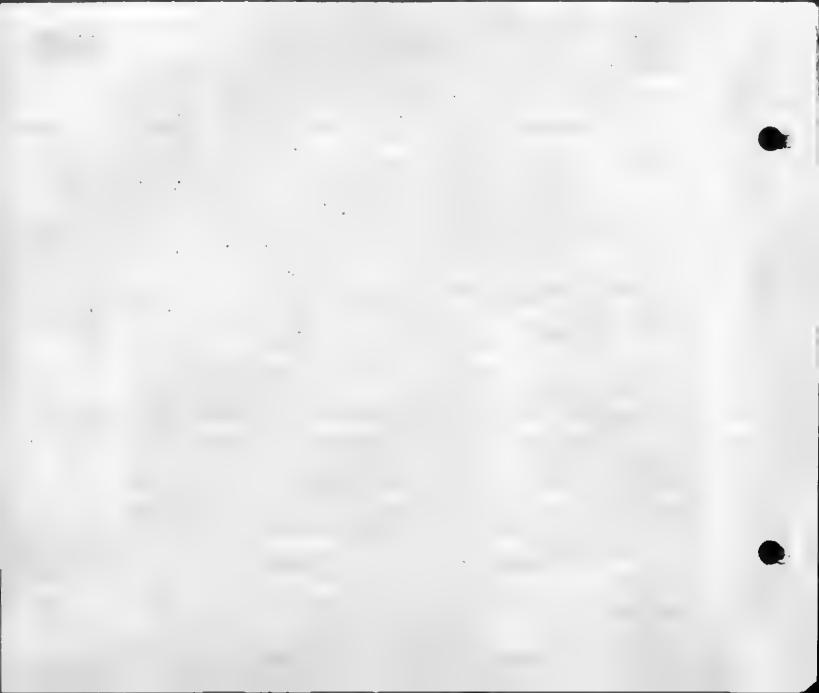
Home .

VR A15ME (5)

Leighton-Durst



ARYLAND STATE DEPARTMENT OF HEALTH



iń ony ever puo burial, cremation, or removal

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY g. STATE b. COUNTY GARRETT MARYLAND MARYLAND GARRETT b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and a ve nearest town)
OAKLAND 1 DAY MT. LAKE PARK. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM? GARRETT COUNTY MEMORIAL HOSPITAL hlo "K" STREET YES NO 3 NAME OF First Middle Lost DATE Day Year DECEASED (Type or print) OF ERNEST JOSEPH MC ROBIE 1966 AUGUST DEATH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours MALE WHITE WIDOWED DIVORCED MAY 20. 1889 10b KIND OF BUSINESS OR 10o USUA, OCCUPATION (Give kind of work done 12. CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? Coal GARRETT-MARYLAND USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harriett XHARRE SMITH JOHN MC ROBIE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address MT LAKE PARK (Yes, no, or unknown) (If yes give war or dates of service) -18-2W-CLARA ELLEN MC ROBIE-110 "K" STREET 1B. CAUSE OF DEATH (Enter only one cause per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) 4201 DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES [NO. 20a. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at wark 19 66 to AUGUST 1119 66 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram____ ON saw the deceased alive on AUGUST 11, 1966, and that death occurred at 10:30, RooMouses and on the date stated above. 22a. SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S GRANT NAME (Type) OAKLAND, MARYLAND 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Ferndale Baptist Cem. Near Oakland, Maryland Burial 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Ocharles DATE AUG 1966 Leighton-Durst Rune ra



1430

CERTIFICATE OF DEATH

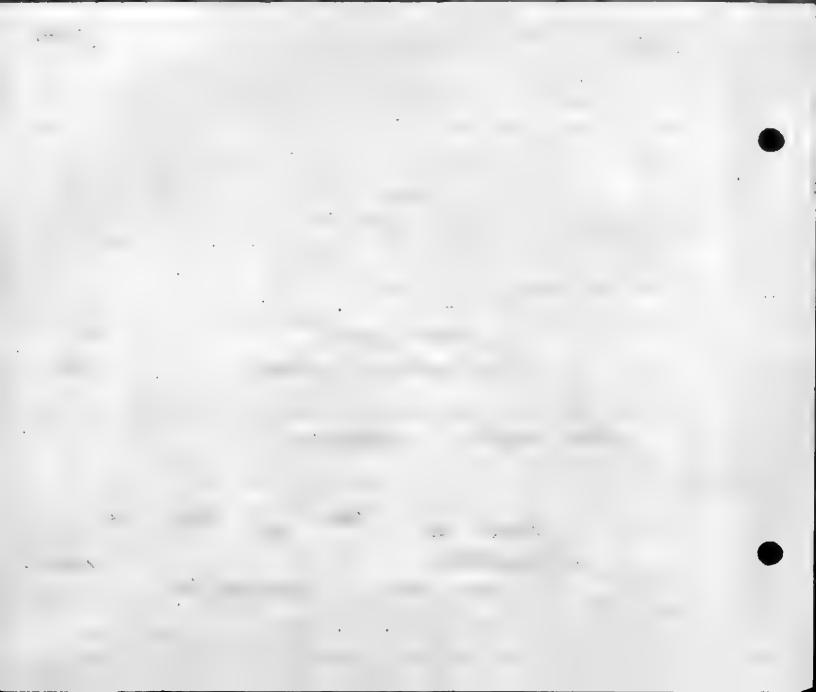
| 1,200 | |
|---|---|
| 1. PLACE OF DEATH | 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission) |
| a COUNTY | a. STATE MARY AALS b. COUNTY CARRETT |
| GARRET! MARYLAND | MARYLAND GARRETT |
| b. CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) |
| write RURAL and give nearest town) | SALISRIRY KI) |
| SALISISURY NU 1/0 YKS | |
| d NAME OF HOSPITAL OR INSTITUTION (If not a naspital, give street address) | d STREET ADDRESS e IS RESIDENCE ON A FARM? |
| | YES I NO IX |
| 3 NAME OF First Middle | Last A DATE Manth Day Year |
| 3 NAME OF First Middle | OF OAT |
| (Type or print) | 1/1 LLER DEATH 1709 6 1966 |
| S. SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years VIFUNDER 1 YEAR IF UNDER 24 HRS. |
| m widowed in Divorced in | for 1 2/109 > last birthday) Manths Days Hours Min |
| | JUNG 27/8/4 /4 15 |
| 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR | 11 BIRTHPLACE (County & State, as fareign country) 12 CITIZEN OF WHAT |
| during most of working life, even it retired) CARDENTER WORK | FOUHLOT MA COUNTRY? |
| | 14. MOTHER'S MAIDEN NAME |
| 13. FATHER'S NAME | 14. MUTTER'S MAIDEN MARKE |
| WILLIAM MILLER | ELLEN HOOVER |
| 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address |
| (Yes na, or unknown) (If yes give wor or dates of service) | m H will little the |
| 1220-10-27441// | is. Talka Willer Salsofuly 1) Va |
| 18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c) | /INTERVAL BETWEEN |
| PART I DEATH WAS CAUSED BY | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | C CAMPAN, |
| DUE TO (B) OD ANALL | 1 100 |
| Conditions, if any, which gave) (b) | MUMA dellare 13 41 |
| rise ta immediate cause (0), (DIE TO | |
| stating the underlying cause | |
| lost. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY | |
| NO. | PERFORMED? |
| 3 | |
| | (Enter noture of injury in Part I ar Part II af Item 18.) |
| G OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | ACE OF INJURY (Home, form 20f. (City or town) (County) (State) |
| 20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL | tory, street, affice bldg., etc.) |
| ≥ p.m. 19 at work at wark | 0. |
| 21. I certify that (I) (this hospital) attended the deceased from_ | 197 10 CUC 6 , 1906 that (1) (we) la |
| saw the deceased alive on 195 and that feath accurred a 10/M, from casses and on the date stated above | |
| | |
| 220. SIGNATURE ATTENDING MED STAFF 22b, DATE SIGNED | |
| M.D. PHYS. LI DIRECTOR LI PHYS. LI | |
| 22c, PHYSICIAN'S 22d. ADDRESS | |
| NAME (Type) ROSS RUMBAULHMILL WILLSUS dale, HE | |
| 1 S S S S S S S S S S S S S S S S S S S | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR | CREMATORY 23d (OCATION (City or Town) (County) (State) |
| REMOVAL (Specify) 8/8/// (CRAILS | VILLE RANTSULLEGARRETTON |
| 4 111 | |
| 24 FUNERAL DIRECTOR ADDRESS | |
| An Houniar Handsvelles, | The DATE AUG 11 1866 Charles Judge |

. . .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendicarphysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit their please remove carbon papers. Pages 1 and 2 whould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66



APPLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Film G379 8/19/66 mb.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Film G379 11432 FOR STATE HEALTH DEPT 2 USUAL RESIDENCE (Where deceased lived, filinstitution Residence before admission PLACE OF DEATH a STATE a COUNTY P.M.3. Page Garrett MARYLAND delay c CITY OR TOWN (If outs de carparate tim ts, write RURAL and give nearest town) b CIY OR TOWN (If autside carparate Limits, CLENGTH OF STAY IN 16 write RURAL and give nearest town)
Oakland after 1 hour rural Wilmington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ordress) A STREET ADDRESS e IS RESIDENCE haurs ON A FARM Give Pages 1, Garrett Co. Memorail Hospital 102 ME West NO 🛖 Edinburgh YES 🗌 ate This certificate should be executed within 24 hours after death Midd e 4 DATE 3 NAME OF First Year 5 DECEASED Margaret 5th. 19 66 Rogers August Ann within (Type or pont) along 1 IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7 MARRIED 🐨 B DATE OF SIRTH AGE (In years S SEX NEVER MARR ED ost birthday) Female White WIDOWED | DIVORCED 20. event 10a USUAL DCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State ar fareign cc 12 CIT ZEN DE WHAT COUNTRY? during most of warking the even if retired)
Stock Clerk Retail E. Rainelle, W. Va. any USA pages in any 13 FATHER'S NAME Frank E. Fox Ruby M. Liridsey Ei Ei pub IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((If yes give war or dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT Chief Medical ar remaval, "pending" 232-48-6434 Arden L. Rogers see #2 above NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CONSET AND DEATH burral-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Shock please execute the certificate, writing the ward cremahan, DUE TO Hemorrhage 1 hour Canditions, if any, which gave rise to immediate cause (a), 4 shauld be farwarded to stating the underlying couse В (aFractured skull, left arm, pelvis and right femural hour as burial used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPSY PERFORMED? YES NO 2 pe 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) designated agent, priar 3 shauld PRIMARY ar CONTRIBUTING Car struck tractor trailer junction U. S. 50 & 219 Highways CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Manth Day, Year (City or town) (State) Highway Nat While Oakland (Rural) Garr. Md. at work at work 21 I certify that I toak charge of the remains described above, held an Autopsy inspection X, Inquiry 🔼, and in my apinian Accident . Undetermined manner the funeral directar. death resulted from Natural causes . Suicide . Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

unnuch Oakland, Maryland

James H. Feaster, Jr., M. D.

23b DATE THEREOF

8/8/66

ASS STANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

2Sq. REC'D BY REGISTRAR

End of the Trail Cemetery E. Rainelle, W. Va.

DATE

Address (Street, city town, or county) Oakland, Md. 8-5-66

1966

2Sb. REGISTRAR'S SIGNATURE

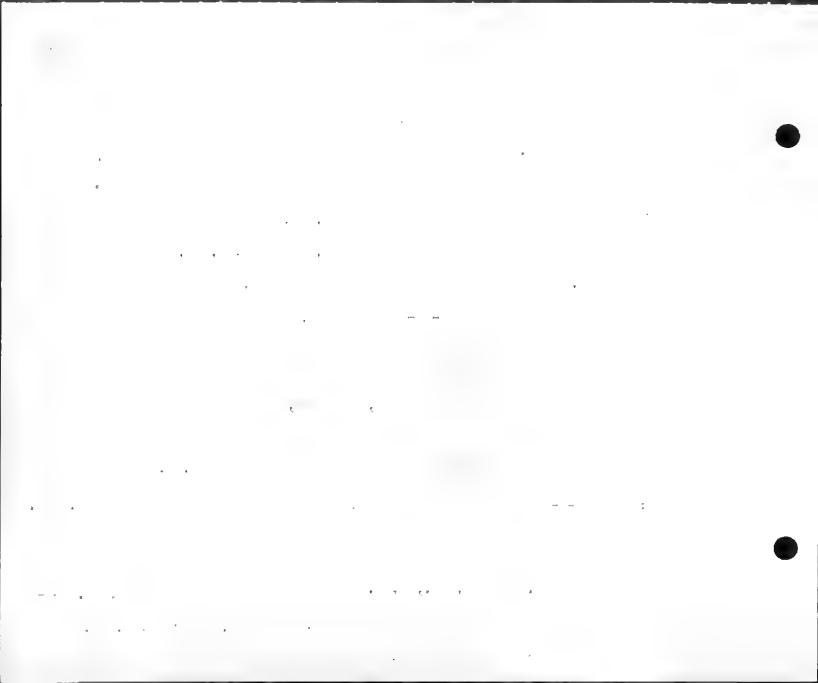
23d. LOCATION (City or Tawn)

VR A15ME (5) 6M 1/66

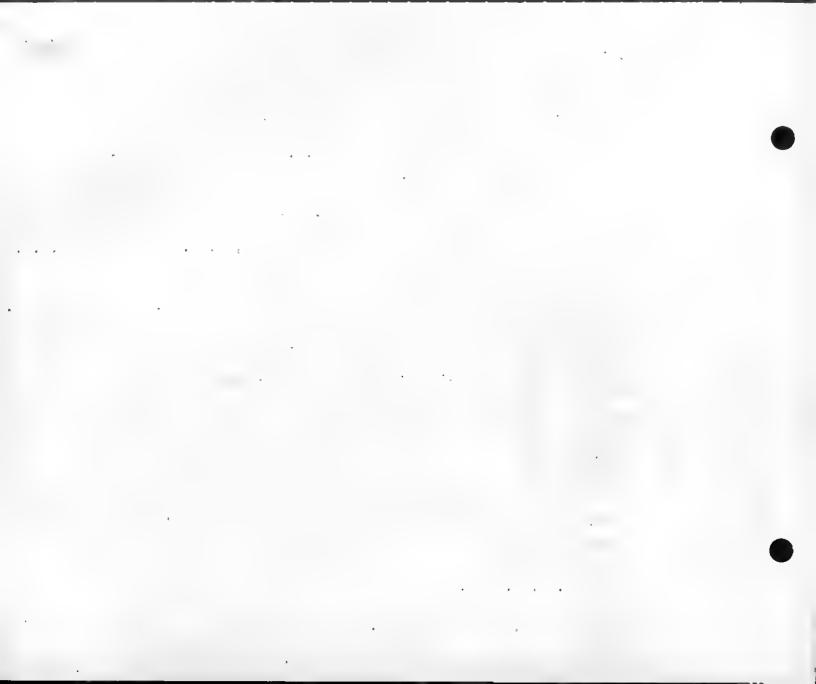
Б

23d BURIAL CREMATION

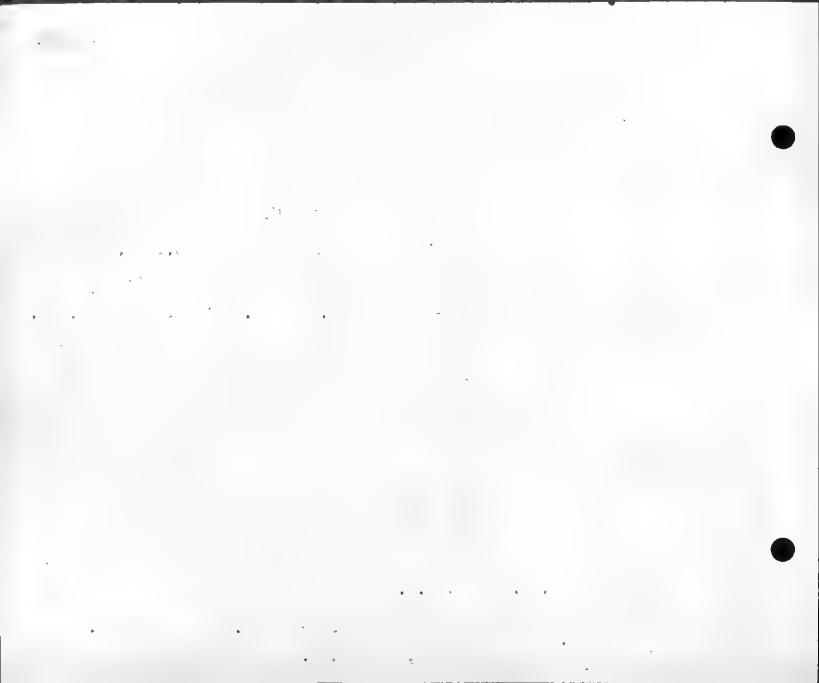
TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1433 requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) the attending physician and campletely filled in by the funeral ssit permit. Then please remave carban papers. Pages 1 and matian, or remaval, and in any event, within 72 haurs after demayen. PLACE OF DEATH a. COUNTY b. COUNTY Garrett Maryland Garrett MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RUPAL and give pearest town) 25 days Kitzmiller d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? P.O. Box 406-Spring St. Garrett County Memorial Hospital YES NO X Midde 4 DATE 3 NAME OF Year DECEASED
(Type or print) OF DEATH Lewis Herbert Sims 1966 August 22. IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B DATE OF BIRTH AGE (In years S SEX 7 MARRIED NEVER MARRIED wst-burthday) Dec. 19. 1892 Male White WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR dur na most of working life, even if refired)
RETITED FILES Coal Mines COUNTRY? U.S.A. Elk Garden. W.Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sims, George Aronhalt, Minerva 16. SOCIAL SECURITY NO 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? Evelyn Sims, daughter -Kitzmiller, Md. fes, na, ar unknown). [(If yes give war ar dates of service) 217-91-1303 signed by the after burial-transit perm burial, crematian, a INTERVAL BETWEEN CAUSE OF DEATH (Enter any one cause per line) (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO prior tak stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? YES 🗔 NO be retained by the haspital ar ţ, 20g ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af Item 18) OR CONTRIBUTING CAUSE OF DEATH etached f Dept. af I (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg., etc.) at wark at wark 2] I certify that (I) (this haspital) attended the deceased fram FAX 19 65 to Aug. 22 19 (b) that (l) (we) last shauld 8-22-66 saw the deceased alive an, and that death accurred at 1:30 PM, from causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS PHYS. page 22d ADDRESS Dakland, Maryland Page 4 may NAME (Type) Dr. A. E. Mance directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d_ LOCATION (City_or Town) 23g BURIAL CREMATION. Elk Garden Mineral Co. I.O.O.F. Cemetery Aug. 25/66 Blache, W.Va. 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Kitzmiller, Mid DATE AUG



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212Q1 CERTIFICATE OF DEATH 11434 death, be executed within 24 hours ofter death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) puo PLACE OF DEATH and completely filled in by the funeral eremove carbon popers. Pages 1 and in any event, within 72 hours ofter deat a. COUNTY Marvl and Garre tt Garrett MARYLAND b CITY OR TOWN (If autside corporate limits, c JENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give necrest town) DOA Sang Run Oaklañd e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Garrett County Memorial Hospital YES 🗍 NO DO 3 NAME OF Middle 4 DATE Month Last Dov Year DECEASED RAT.PH VERNON DEATH August SPIKER 19 66 (Type or print) 9 AGE (In years IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 7 MARRIED **NEVER MARRIED** 1 loss birthday) Haurs Days White April Male WIDOWED DIVORCED 10a JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of warking life, even if retired) Building COUNTRY? ease ottending physicion sermit. Then please Garrett Co... San 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME signed by the ottending physi burial-transit permit. Then pl burial, cremotion, or removal, Martha Ellen Lewis Walter Scott Spiker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Widow 16. SOCIAL SECURITY NO. requires that the death (Yes, no, or unknown) (If yes give war ar dates of service) 215-07-9300 Mrs. Ruth F. Spiker. Sang Run, Md. IB. CAUSE OF DEATH (Enter only one cause per line for 16), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) by the hospital or attending physicion. DUE TO Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause has been detached for use as the te Dept, of Health prior to last. 9 WAS AUTOPSY PERFORMED? YES NO PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) O FUNERAL DIRECTOR: After this factory, street, affice blda, etc.) Hour a.m. Nat While at wark 21. I certify that (I) (this haspital) oftended the deceased from be retoined director, page 3 should should be filed with the ond that death occurred of 2 Collins touses and an the date stated above. sow the deceosed alive an_ 22a SIGNATURE M.D. DIRECTOR PHYS PHYS. 22c. PHYSICIAN" 22d, ADDRESS Poge 4 may 1 NAME (Type) E. Mance. M.D. Odk land. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) DATE THEREOF (County) 23g BURIAL, CREMATION REMOVAL (Specify) Pentacostal Church Cem Sang Run. 25o. REC'D BY REGISTRAR land, Md. leighton-Durst Funera Home DATE





HEALTH DEP

e funeral 300 in 124 hours after death. If any del in 11em 18. Give Pages 1, 2, and Diffice, along with form PM3. 2 with event and EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil is nould be forwarded to the Chief Medical Examiner's (73) should I files. DIRECTOR: Page 4 for your please execut O DEPUTY ME

Garrett MARYLAND Department after death, b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) - Swanton Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Route #1 State hours Route NAME OF DATE Middle Last DECEASED LOYAL MALCOLM (Type or print) WARNTCK HTABC 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED White Male Mar. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miner Soit Coal Garrett Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Warnick Anna Bray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes nive war or dates of service)

Y⊖S

WW II permit. 32-26-0298HA 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] cremation, or I PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. used as to burial CERTIFICATION 3 should be agent, prior 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While GIUK: Page designated at work at work 21. I certify that 1 took charge of the remains described above, held an Autopsy Inspection death fesulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL T DEPUTY MEDICAL EXAMINER James Feaster. Jr., director. retained H. M. D. NAME OF GEMETERY OR CREMATORY BURIAL, CREMATION. 0 Burial Cem. Thirner REC'D BY REGISTRAR 25a. ADDRES VR ALSME (5) Home .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11436 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. COUNTY **b. COUNTY** Maryland Garrett c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? NO X August 66 9. AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS. Jast birthday) Months | Days 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? USA (Widow Mrs. Loyal Warnick. Rt. Swanton INTERVAL BETWEEN ONSET AND DEATH Hours Arteriosclerotic cardiovascular disease Vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO.K DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 2Df. (City or town) (County) (State) and in my opinion **Undetermined** manner 22. DATE SIGNED Address (Street, city, town, or county) Oakland, Md. 23d. LOCATION (City, town or county) Swanton anton Md. 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

397.7 £ 111 , To the state of th entite (14) if the per the period (14) states

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11437 FOR STATE HEALTH DEPI. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE o. COUNTY 2, and 3 to PM3. Page delay is and 3 to death Marvland Garrett MARYLAND Garrett portment c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 hrs. 12 min (Rural) Oakland Oakland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS pencil in Item 18. Give Pages 1, exoniner's Office olong with form ON A FARM? hours Garrett County Memorial Hospital YES NO Rt. 1 Box 107 910 24 hours after deoth. 3. NAME OF 4. DATE Middle Month Inst Day Year DECEASED OF (Type or print) DEATH event within Elsworth Larov White August with S. SEX AGE (In years IF UNDER TYEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED -26-1879 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) INDUSTRY during most of working life, even if retired) COUNTRY? Oakland. Maryland ony Farming USA Farmer 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Franklin White Sarah Russell and 16. SOCIAL SECURITY NO. 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) ((If yes give wor or dotes of service) Address or removal. Poge 4 should be forwarded to the Chief Medica George White 219-01-7847 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN **burial-transit** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cereberal vascualr accident IMMEDIATE CAUSE (o). buriol, cremotion, DUE TO Conditions, if any, which gave Arteriosclerosis, generalized Years rise to immediate couse (a), DUE TO stating the underlying couse 0 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION please execute the certificate, NO YES 📑 0 pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work of work its designated 2]. I certify that I taok charge of the remains described above, held an Autopsy Inspection X Inquiry 1 and in my apinian Natural couses (C. Accident death resulted fram: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE TELL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Heolth or 8-28-1966 EXAMINER'S Address (Street, city, town, or county) Oak James H. Feaster 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Burlal Red House Luth. Cem. Garrett Co. Maryland 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Oakland, Maryland

DATE SEP

VR A15ME

